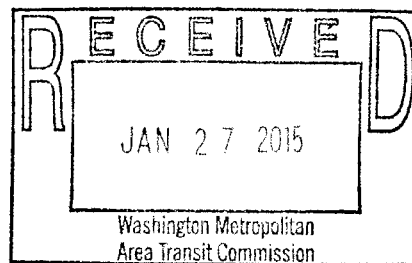


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2576 | Primus Metro, LLC

*WMATC No. *Name of Carrier (as shown on certificate of authority)

9955 Valley Park Drive		Damascus	MD	20782-2369
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
--	------------	------	-------	-----

(240) 483-6076	(866) 481-5907	ciheduru@verizon.net
*Telephone	Fax	E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number): NA

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
-----------	----------	------------------------------------	------------------

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Placid C. Iheduru | President & CEO

*Name	*Title
(240) 483-6076	(866) 481-5907 ciheduru@verizon.net
*Telephone	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail
---	-----------	--------

Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
--	------------	------	-------	-----

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No. if applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
100	2011	DODGE VAN	2D4RN4D49BR791910	57900B	MD	7	NO
101	2008	DODGE VAN	2D4RN4DE5AR365015	58739B	MD	7	NO
102	2008	TOYOTA VAN	5TDZK23C38S130401	58740B	MD	7	NO
103	2008	HONDA VAN	5FNRL38758B413661	58741B	MD	7	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Placid Chijioke Iheduru

*Name (type or print)

President / CEO.

*Title (not required for sole proprietors)

*Signature

01/24/2015

*Date